PLACE OF BIRTH	ARIZONA ST BUREAU OF VITAL ST		OF HEALTH State Index No
	IGINAL CERTIFICAT	re of Birth	Co. Registrar's No.246
Town of Miann	<del></del>		ocal Registrar's No
FULL NAME OF CHILD (No) If child is not named, make Supplemental I	ha Atilan		Ward)  Born   YES   Alive   Ne
Sex of Twin;  Child Timale or other	a > in order 🔥 📗 🤌	giti- Birth Month	Day Yr.
Full Name Margairto Chilo Residence Warmin Richard	Full Maiden Name Residen	Mother Wiami	Martinez
Color or Race Age at last Birthday	Years Color or Race Birthple	Mex	Birthday 43 Years
Occupation Comments Occupation Oc	Occupat	Jahre	on Metro
Number of child of this Mother	of this mother, now living	Were precautions taken against (	Ophthalmia meonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of	the above child; and that	it occurred on.	L.184.1922, at 2.16M.
*When there is no attending physician or midwife, then the householder should make this return.	Signature At	tending physician, mid	wife, householder.*
Given or Christian name added from a	File 20 1974	ldress Mian	n. Urgona
supplemental report 191.  //6-6/8-/49  COUNTY REGISTRAR.	//	ue Copy Sy	LOOAL REGISTRAR.  COUNTY REGISTRAR.

u. D.—111 case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.